

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

BEST AVAILABLE COPY
SERIAL NO. 097786033 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16	1						66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27	1						77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		2					84						
35		2					85						
36		2					86						
37		2					87						
38		2					88						
39		2					89						
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47		2					97						
48		2					98						
49		2					99						
50		2					100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	38						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						